

**SAFETIES AND GOVERNORS**  
**Acceptance & Periodic Tests**  
**(ASME A17.1 Rules 8.10.2.2(bb) 8.11.2.3)**

Date:

<b>Building Name</b>	<b>Owners Name</b>	<b>Registration Tag No.</b>
<b>Street Address</b>	<b>Address</b>	<b>Regulated Object ID.</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>	<b>Manufacturer</b>

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m), Stats.]

1. Type of Test:    Acceptance <input type="checkbox"/> Periodic <input type="checkbox"/>		Type of Elevator:    Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Drum <input type="checkbox"/>	
2. Rated Capacity    lbs.	Rated Speed (up)	Operating Speed (down)	Actual Test Speed    fpm.
3.	Instantaneous <input type="checkbox"/>	Gradual Wedge-Clamp <input type="checkbox"/>	Flexible Guide-Clamp <input type="checkbox"/>
4. Type of Safety Device	Combination Instantaneous and Oil Buffer <input type="checkbox"/> Other		
5.			
6. Manufacturer of Safety Device:		Safety Device ID. Number:	
7. Manufacturer of Speed Governor:		Speed Governor ID. Number:	
8. Governor Jaws    Bronze <input type="checkbox"/> Iron <input type="checkbox"/>	Condition of Jaws    Before:                      After:		
9. Type of Governor Rope	Manila <input type="checkbox"/> Iron <input type="checkbox"/> Steel <input type="checkbox"/>	6 X 19 <input type="checkbox"/> 8 X 19 <input type="checkbox"/>	Size (dia.)
10. Governor Jaw Pull Through:    lbs.	Release Carrier Pull Through:    lbs.	Condition of Governor Rope:	
11. Governor Tripping Speed:	Governor Overspeed Switch Tripping Speed:		
12. Was Governor Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Overspeed Switch Readjusted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resealed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Length of Marks On Guide Rails	Left Guide Rail:    ft.    in.	Right Guide Rail:    ft.    in.	
14. Did Car Set Out of Level: <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Inches Out of Level:			
15. Condition of Guide Rails After Test: <input type="checkbox"/> Good <input type="checkbox"/> Not Good		Wooden Guides Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Number of Turns On Drum Before Test:		Number of Turns On Drum After Test:	
17. Was Test Made With Rated Load? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Test Satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Not, Explain	
18.			
19.			
20. Data Tag Attached? <input type="checkbox"/> Governor <input type="checkbox"/> Governor Release Carriage			

<b>The Above Safety and Governor Test Was Performed in Compliance With ASME A17.1 Rule 8.11.2.3 And Comm. 18</b>			
Firm Performing Test	Address	City, State, Zip	Date of Test
Name of Person Performing Test (Print)		Signature of Person Performing Test	

**Reports Shall Be Filed With the Department of Commerce Within 15 (Fifteen) Days of Performing Test.**

Copy Distribution: One copy to be retained by firm or person performing test  
 One copy to be sent to Safety And Buildings Division, P.O. Box 7302, Madison, WI 53707-7302  
 One copy to be retained by owner or tenant